

**APPLICATION FOR MEMBERSHIP
TIDEWATER LOCAL SECTION
AMERICAN INDUSTRIAL HYGIENE ASSOCIATION**

Type of Membership Desired: (check one, see reverse side for requirements)

Full []	Associate []	Emeritus []
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Personal Data:

Name: _____
Home Address: _____
City, State, Zip: _____
Employer: _____
Employer Address: _____
City, State, Zip: _____
Phone: (Work) _____ (Home) _____
Email address: _____
Preferred place to receive newsletters and announcements (check one): Email (our preference) [] Work Address [] Home Address []

Education: (list most recent first)

School	Degree	Major	Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Health and Safety Experience: (list most recent first)

Employer	Position	Dates
_____	_____	_____
_____	_____	_____
_____	_____	_____

(Continued on reverse side)

Sponsors:

Sponsors are required for *Associate* membership applications only. Obtain the signatures of two (2) *Associate* or *Full* members of the Tidewater Local Section for sponsorship.

Name: _____	Name: _____
Signature: _____	Signature: _____

Dues:

Dues are \$10.00 for all memberships and are payable annually on January 1 of each year. Dues schedule for new applicants is as follows: January - June: \$10.00; July - December: \$5.00 Make checks payable to: **Tidewater Section, AIHA** and mail to:

David D. Lundt, Treasurer
Tidewater Local AIHA
Virginia Dept of Labor and Industry
Norfolk Regional Office
Interstate Corporate Center, Bldg 6
6363 Center Drive, Suite 101
Norfolk, VA 23502

_____ Signature of Applicant	_____ Date
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Membership Requirements:

Full: Open only to AIHA National members who reside within a 100 mile radius of Norfolk, Virginia. Applicants residing outside of these boundaries must have special consent of the Executive Committee.

Associate: Anyone (particularly students) having an interest in the profession of industrial hygiene may apply with the signatures of two sponsors.

Emeritus: Member of the Local Section who has retired from practice from the industrial hygiene profession.

For use by the Executive Committee only	
Dues Paid: []	Date: _____ Treasurer's Initial: _____
Approved: []	Date: _____ Pres. or Secy.'s Initial: _____